

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

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COVER PAGE

FILED

Date Stamp

JAN 31 2001

CALIFORNIA  
FORM  
460

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For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 10/22/00  
through 12/31/00

Date of election if applicable:  
(Month, Day, Year)  
11/07/00

CITY OF SANTA MARIA  
City Clerk

## 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

- ☒ Officeholder, Candidate  
Controlled Committee  
(Also Complete Part 4.)
- ☐ Primarily Formed Candidate/  
Officeholder Committee  
(Also Complete Part 6.)
- ☐ Ballot Measure Committee  
☐ Primarily Formed  
☐ Controlled  
☐ Sponsored  
(Also Complete Part 5.)
- ☐ General Purpose Committee  
☐ Sponsored  
☐ Broad Based

## 2. Type of Statement:

- ☐ Pre-election Statement  
☒ Semi-annual Statement  
☐ Termination Statement  
☐ Amendment (Explain below)
- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Pre-election  
Statement - Attach Form 495

## 3. Committee Information

COMMITTEE NAME  
Alice Patino for City Council

ID. NUMBER  
1227669

## Treasurer(s)

NAME OF TREASURER  
Tom Martinez

MAILING ADDRESS  
2450 Professional Parkway Ste. 220  
Santa Maria, CA 93455 (805) 934-5737

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

2450 Professional Parkway Ste. 220

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Maria CA 93455 (805) 346-8407

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Recipient Committee  
Campaign Statement  
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Type or print in ink.

COVER PAGE - PART 2

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4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
Alice Patino  
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Santa Maria City Council  
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
2450 Professional Parkway Ste. 220 Santa Maria CA 93455

**Related Committees Not Included in this Statement:** List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	ID. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

5. Ballot Measure Committee

NAME OF BALLOT MEASURE  
BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT ☐ OPPOSE  
Identify the controlling officeholder, candidate, or state measure proponent, if any.  
NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT

6. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Attach continuation sheets if necessary

Executed on 1/31/01 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR  
Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT  
Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Alice Patino for City Council

Statement covers period from 10/22/00 through 12/31/00	CALIFORNIA FORM 460
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## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions .....	Schedule A, Line 3 \$ 1,007.00	\$ 11,044.00	\$ 12,051.00
2. Loans Received .....	Schedule B, Line 7 0	0	0
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$ 1,007.00	\$ 11,044.00	\$ 12,051.00
4. Nonmonetary Contributions .....	Schedule C, Line 3 0	0	0
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 \$ 1,007.00	\$ 11,044.00	\$ 12,051.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4 \$ 7,817.93	\$ 4,198.62	\$ 12,016.55
7. Loans Made .....	Schedule H, Line 7 0	0	0
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ 7,817.93	\$ 4,198.62	\$ 12,016.55
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 0	0	0
10. Nonmonetary Adjustment .....	Schedule G, Line 3 0	0	0
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 \$ 7,817.93	\$ 4,198.62	\$ 12,016.55

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ 6,847.25		
13. Cash Receipts .....	Column A, Line 3 above 1,007.00		
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 1,690.07		
15. Cash Payments .....	Column A, Line 8 above 7,817.93		
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 1,726.39		

If this is a termination statement, Line 16 must be zero.

\* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

## Summary for Candidates in Both June and November Elections

1/1 through 6/30 7/1 to Date

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 1, Column (b) \$ 0	20. Contributions Received .....	\$ 0
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse \$ 0	21. Expenditures Made .....	\$ 0
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column C above \$ 0		

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
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Statement covers period  
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through 12/31/00

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
11/1/00	Republican Voter Checklist 643 W. 6th Street San Pedro, CA 90731	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		250.00	250.00	0
10/30/00	Active Ballot Club 1775 K Street Washington, DC 20006	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		250.00	250.00	0
11/08/00	Tepusquet Creek Apple Farm PO Box 5549 Santa Maria, CA 93456	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		200.00	200.00	0
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
SUBTOTAL \$ 700.00						

## Schedule A Summary

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 700.00
- Amount received this period - unitemized contributions of less than \$100 ..... \$ 307.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 1,007.00

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
OTH - Other

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
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SEE INSTRUCTIONS ON REVERSE

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NAME OF FILER  
Alice Patino for City Council

ID NUMBER  
1227669

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | OFC office expenses                           | RFD returned contributions                                    |
| CNS campaign consultants  | PEI petition circulating                      | SAL campaign workers salaries                                 |
| CTB contribution (explain nonmonetary)*                           | PHO phone banks                               | TEL t.v. or cable airtime and production costs                |
| CVC civic donations   | POL polling and survey research               | TRC candidate travel, lodging and meals (explain)             |
| FND fundraising events  | POS postage, delivery and messenger services  | TRS staff/spouse travel, lodging and meals (explain)          |
| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LIT campaign literature and mailings                              | PRT print ads                                 | VOT voter registration  |
| MTG meetings and appearances                                      | RAD radio airtime and production costs        | WEB information technology costs (Internet, e-mail)           |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Postmaster 301 E. Battles Santa Maria, CA 93454	POS			360.00
Postmaster 301 Battles Santa Maria, CA 93454	POS			234.00
Santa Maria Times PO Box 400 Santa Maria, CA 93456	PRT			763.04
<b>SUBTOTAL \$ 1,357.04</b>				

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ 7,694.54
2. Unitemized payments made this period of under \$100 ..... \$ 123.39
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) ..... \$ -0-
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 7,817.93**



# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE  
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**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ken Vertrees Printers 406 W. Main Street Santa Maria, CA 93458	LIT			195.95
Business Mailing Center 1000 Del Norte Oxnard, CA 93030	LIT			176.74
KCOY TV PO Box 711351 Santa Maria, CA 93456	TEL			357.00
Benedetti & Associates PO Box 5959 Santa Maria, CA 93456	PRO			250.00
KCOY TV PO Box 711351 Santa Maria, CA 93456	TEL			3,400.00
<b>SUBTOTAL \$</b>				<b>4,379.69</b>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Alice Patino for City Council

Statement covers period from 10/22/00 through 12/31/00	CALIFORNIA FORM 460
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**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | OFC office expenses                           | RFD returned contributions                                    |
| CNS campaign consultants  | PET petition circulating                      | SAL campaign workers salaries                                 |
| CTB contribution (explain nonmonetary)*                           | PHO phone banks                               | TEL t.v. or cable airtime and production costs                |
| CVC civic donations   | POL polling and survey research               | TRC candidate travel, lodging and meals (explain)             |
| FND fundraising events  | POS postage, delivery and messenger services  | TRS staff/spouse travel, lodging and meals (explain)          |
| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LIT campaign literature and mailings                              | PRT print ads                                 | VOT voter registration  |
| MTG meetings and appearances                                      | RAD radio airtime and production costs        | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KUHL Radio 716 E. Chapel Santa Maria, CA 93454	RAD			195.00
Postmaster 301 Battles Santa Maria, CA 93454	POS			220.65
Joyce Chrisman 923 N. East Ave. Santa Maria, CA 93454	OFC			147.16
Alice Patino 328 W. Agnes Santa Maria, CA 93454	PRT			1,395.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1,957.81

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**Attach additional information on appropriately labeled continuation sheets.**

1. Increases to cash of \$100 or more this period. ....	\$ 1,682.67
2. Unitemized increases to cash under \$100 this period. ....	\$ 7.40
3. Total of all interest received this period on loans made to others. (Schedule H, Part 2 (b).) .....	\$ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) .....	
<b>TOTAL</b>	<b>\$ 1,690.07</b>

**FPPC Form 460 (8/93)**  
**For Technical Assistance: 916/322-5666**